



## New Jersey Office of the Attorney General

Division of Consumer Affairs  
Office of Consumer Protection / Regulated Business Section  
P.O. Box 45028  
Newark, New Jersey 07101  
(973) 504-6200  
(800)-242-5846  
E-Mail: AskConsumerAffairs@lps.state.nj.us

### Complaint Form

*Please print clearly.*

For any question that does not apply, enter N/A or "not applicable." Return the original form. Faxed copies or photocopies are unacceptable. Include copies of all documentation relevant to your move and/or storage when returning this form to the above address. Include proof that the fee for the move and/or storage has been paid in full. Be advised that this office cannot proceed with your complaint unless the fee for your move and/or storage has been paid in full. As this complaint form also serves as a certification, it must be signed and dated to be valid.

Be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. Be further advised that the completed complaint form becomes a government record upon submission, which the Regulated Business Section may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

**COMPLAINT REPORTED BY:**

**COMPLAINT REPORTED AGAINST:**

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ DAY TELEPHONE NUMBER: _____ <small>(include area code)</small>	NAME OF MOVER: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE NUMBER : _____ <small>(include area code)</small>
--	--

- Date of estimate: \_\_\_\_\_ Date of move: \_\_\_\_\_
- Type of estimate performed:  Fax  Telephone  E-mail  On-Site
- Origin of move: \_\_\_\_\_
- Destination of move: \_\_\_\_\_
- Amount of estimate: \$ \_\_\_\_\_ Amount actually paid: \$ \_\_\_\_\_
- Packing was done by: \_\_\_\_\_
- Name of storage facility: \_\_\_\_\_
- Address of storage facility: \_\_\_\_\_
- Type and amount of coverage (select one):  
 Standard liability\*  Additional valuation \$ \_\_\_\_\_  Insurance \$ \_\_\_\_\_  
\*Standard liability is \$0.60 dollars per pound per article and is in effect automatically by law.
- Documents issued to you by the mover (check off and attach copies):  
 Consumer leaflet  Estimate  Order for service  Bill of lading  
 Warehouse receipt  Damage claim form  Certificate of insurance

